

Please type a plus sign (+) inside this box. → ☐

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

17858 U.S. PTO  
10/700167

|   |  |                        |   |
|---|--|------------------------|---|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) |  | Attorney Docket No.    | U 0132 OS/CRA   |
|   |  | First Inventor         | BROWN, David W.   |
|   |  | Title                  | COATINGS FOR METAL CONTAINERS, METALWORKING LUBRICANT COMPOSITIONS, COMPOSITIONS FOR ELECTROPLATING AND ELECTROWINNING, LATEX COMPOSITIONS AND PROCESSES THEREFOR |
|   |  | Express Mail Label No. | EV400233814US   |

|   |  |
|---|--|
| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents. | <b>ADDRESS TO:</b><br>Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231 |
|---|--|

|   |   |
|---|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original and a duplicate for the processing)  | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)   |
| 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  | 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages <b>50</b> ] (preferred arrangement set forth below) <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> | a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on: <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> c. <input type="checkbox"/> Statements verifying identity of above copies   |
| 4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <input type="checkbox"/> ]   | <b>ACCOMPANYING APPLICATION PARTS</b>   |
| 5. Oath or Declaration [Total Pages <b>3</b> ] <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly unexecuted (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed)             <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</li> </ul> </li> </ul>   | 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 CFR 3.73 (b) Statement [Power of Attorney]<br>(when there is an assignee)<br>11. <input type="checkbox"/> English Translation Document (if applicable)<br>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [Copies of IDS Citations]<br>13. <input type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)<br>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (of foreign priority is claimed)<br>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent<br>17. <input type="checkbox"/> Other: _____ |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76   |   |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information:

Examiner \_\_\_\_\_

Group Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label
**23657**or ☐ Correspondence address below

|                   |                   |                |                                   |                  |
|-------------------|-------------------|----------------|-----------------------------------|------------------|
| Name              | Aaron R. Ettelman |                |                                   |                  |
| Address           |                   |                |                                   |                  |
| City              | State             | Zip Code       |                                   |                  |
| Country           | Telephone         | (215) 628-1413 | Fax                               | (215) 628-1345   |
| Name (Print/Type) | Aaron R. Ettelman |                | Registration No. (Attorney/Agent) | 42,516           |
| Signature         |                   |                | Date                              | November 3, 2003 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>  |                 | <b>Complete if Known</b>   |                 |  |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
|--|-----------------|--|-----------------|--|-----------------|-----------------|----------|----------|-----------|-------|-----|-------------------------------------|-----------|-------|--------------------|-----|----------|---|----------------|-----------------|----------------|-----------------|-----------------|---------------------------|-----|-----|-------|-----|------------------------|---|-----|-----|------|-----|-----------------------------------|--|-----|---------------------|--------|-----|---------------------------------------|---|--------------|-----|-----|-----|---|--|-----|-----|-----|-----|---|---|---------------------|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|---------------------------|--|--|--|--|--|---------------------|--|--|--|--|-----------|
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 770   |                 | Application Number _____<br>Filing Date _____<br>First Named Inventor <b>BROWN, David W.</b><br>Examiner Name _____<br>Group/Art Unit _____<br>Attorney Docket No. <b>U 0132 OS/CRA</b>  |                 |  |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
|  |                 | <b>METHOD OF PAYMENT (check one)</b>   |                 |  |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
|  |                 | 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">           Deposit Account Number     <b>50-1177    Order No. 03-0568</b> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">           Deposit Account Name     <b>Cognis Corporation</b> </div> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |                 |  |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
|  |                 | 2. <input type="checkbox"/> <b>Payment Enclosed:</b><br><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                 |  |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
|  |                 | <b>FEE CALCULATION</b>   |                 |  |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| <b>1. BASIC FILING FEE</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>770</td> <td>201</td> <td>375</td> <td>Utility filing fee</td> <td style="border: 1px solid black;">\$770.00</td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>520</td> <td>207</td> <td>260</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>750</td> <td>208</td> <td>375</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td style="border: 1px solid black;">(\$ ) 770.00</td> </tr> </tbody> </table>   |                 | Large Fee Code   | Entity Fee (\$) | Small Fee Code   | Entity Fee (\$) | Fee Description | Fee Paid | 101      | 770       | 201   | 375 | Utility filing fee                  | \$770.00  | 106   | 330                | 206 | 165      | Design filing fee                                       |                | 107             | 520            | 207             | 260             | Plant filing fee          |     | 108 | 750   | 208 | 375                    | Reissue filing fee                              |     | 114 | 160  | 214 | 80                                | Provisional filing fee                                 |     | <b>SUBTOTAL (1)</b> |        |     |                                       |   | (\$ ) 770.00 |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| Large Fee Code   | Entity Fee (\$) | Small Fee Code   | Entity Fee (\$) | Fee Description  | Fee Paid        |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 101  | 770             | 201  | 375             | Utility filing fee   | \$770.00        |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 106  | 330             | 206  | 165             | Design filing fee  |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 107  | 520             | 207  | 260             | Plant filing fee   |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 108  | 750             | 208  | 375             | Reissue filing fee   |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 114  | 160             | 214  | 80              | Provisional filing fee   |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| <b>SUBTOTAL (1)</b>  |                 |  |                 |  | (\$ ) 770.00    |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| <b>2. EXTRA CLAIM FEES</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>3</td> <td>-20**= 0</td> <td>X \$18.00</td> <td>= .00</td> </tr> <tr> <td>3</td> <td>-3**= 0</td> <td>X \$86.00</td> <td>= .00</td> </tr> <tr> <td colspan="2">Multiple Dependent</td> <td>\$290.00</td> <td>= .00</td> </tr> </tbody> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see below</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td style="border: 1px solid black;">(\$ ) .00</td> </tr> </tbody> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p>   |                 | Total Claims   |                 | Extra Claims   | Fee from below  | Fee Paid        | 3        | -20**= 0 | X \$18.00 | = .00 | 3   | -3**= 0                             | X \$86.00 | = .00 | Multiple Dependent |     | \$290.00 | = .00   | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid                  | 103 | 18  | 203   | 9   | Claims in excess of 20 |   | 102 | 84  | 202  | 42  | Independent claims in excess of 3 |  | 104 | 280                 | 204    | 140 | Multiple dependent claim, if not paid |   | 109          | 84  | 209 | 42  | **Reissue independent claims over original patent |  | 110 | 18  | 210 | 9   | **Reissue claims in excess of 20 and over original patent |   | <b>SUBTOTAL (2)</b> |     |     |     |     | (\$ ) .00                              |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| Total Claims   |                 | Extra Claims   | Fee from below  | Fee Paid   |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 3  | -20**= 0        | X \$18.00  | = .00           |  |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 3  | -3**= 0         | X \$86.00  | = .00           |  |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| Multiple Dependent   |                 | \$290.00   | = .00           |  |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| Large Fee Code   | Entity Fee (\$) | Small Fee Code   | Entity Fee (\$) | Fee Description  | Fee Paid        |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 103  | 18              | 203  | 9               | Claims in excess of 20   |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 102  | 84              | 202  | 42              | Independent claims in excess of 3  |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 104  | 280             | 204  | 140             | Multiple dependent claim, if not paid                                      |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 109  | 84              | 209  | 42              | **Reissue independent claims over original patent                          |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 110  | 18              | 210  | 9               | **Reissue claims in excess of 20 and over original patent                  |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| <b>SUBTOTAL (2)</b>  |                 |  |                 |  | (\$ ) .00       |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| <b>3. ADDITIONAL FEES</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td style="border: 1px solid black;">(\$ ) .00</td> </tr> </tbody> </table> <p style="font-size: x-small;">* Reduced by Basic Filing Fee Paid</p> |                 | Large Fee Code   | Entity Fee (\$) | Small Fee Code   | Entity Fee (\$) | Fee Description | Fee Paid | 105      | 130       | 205   | 65  | Surcharge - late filing fee or oath |           | 127   | 50                 | 227 | 25       | Surcharge - late provisional filing fee or cover sheet. |                | 139             | 130            | 139             | 130             | Non-English specification |     | 147 | 2,520 | 147 | 2,520                  | For filing a request for ex parte reexamination |     | 112 | 920* | 112 | 920*                              | Requesting publication of SIR prior to Examiner action |     | 113                 | 1,840* | 113 | 1,840*                                | Requesting publication of SIR after Examiner action |              | 115 | 110 | 215 | 55  | Extension for reply within first month |     | 116 | 390 | 216 | 195   | Extension for reply within second month |                     | 117 | 890 | 217 | 445 | Extension for reply within third month |  | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month |  | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month |  | 119 | 310 | 219 | 155 | Notice of Appeal |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | Other fee (specify) _____ |  |  |  |  |  | <b>SUBTOTAL (3)</b> |  |  |  |  | (\$ ) .00 |
| Large Fee Code   | Entity Fee (\$) | Small Fee Code   | Entity Fee (\$) | Fee Description  | Fee Paid        |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 105  | 130             | 205  | 65              | Surcharge - late filing fee or oath  |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 127  | 50              | 227  | 25              | Surcharge - late provisional filing fee or cover sheet.                    |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 139  | 130             | 139  | 130             | Non-English specification  |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 147  | 2,520           | 147  | 2,520           | For filing a request for ex parte reexamination                            |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 112  | 920*            | 112  | 920*            | Requesting publication of SIR prior to Examiner action                     |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 113  | 1,840*          | 113  | 1,840*          | Requesting publication of SIR after Examiner action                        |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 115  | 110             | 215  | 55              | Extension for reply within first month                                     |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 116  | 390             | 216  | 195             | Extension for reply within second month                                    |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 117  | 890             | 217  | 445             | Extension for reply within third month                                     |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 118  | 1,390           | 218  | 695             | Extension for reply within fourth month                                    |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 128  | 1,890           | 228  | 945             | Extension for reply within fifth month                                     |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 119  | 310             | 219  | 155             | Notice of Appeal   |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 120  | 310             | 220  | 155             | Filing a brief in support of an appeal                                     |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 121  | 270             | 221  | 135             | Request for oral hearing   |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 138  | 1,510           | 138  | 1,510           | Petition to institute a public use proceeding                              |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 140  | 110             | 240  | 55              | Petition to revive - unavoidable   |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 141  | 1,240           | 241  | 620             | Petition to revive - unintentional   |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 142  | 1,240           | 242  | 620             | Utility issue fee (or reissue)   |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 143  | 440             | 243  | 220             | Design issue fee   |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 144  | 600             | 244  | 300             | Plant issue fee  |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 122  | 130             | 122  | 130             | Petitions to the Commissioner  |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 123  | 50              | 123  | 50              | Petitions related to provisional applications                              |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 126  | 240             | 126  | 240             | Submission of Information Disclosure Stmt                                  |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 581  | 40              | 581  | 40              | Recording each patent assignment per property (times number of properties) |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 146  | 710             | 246  | 355             | Filing a submission after final rejection (37 CFR § 1.129(a))              |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 149  | 710             | 249  | 355             | For each additional invention to be examined (37 CFR § 1.129(b))           |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 179  | 710             | 279  | 355             | Request for Continued Examination (RCE)                                    |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| 169  | 900             | 169  | 900             | Request for expedited examination of a design application                  |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| Other fee (specify) _____  |                 |  |                 |  |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| Other fee (specify) _____  |                 |  |                 |  |                 |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |
| <b>SUBTOTAL (3)</b>  |                 |  |                 |  | (\$ ) .00       |                 |          |          |           |       |     |                                     |           |       |                    |     |          |   |                |                 |                |                 |                 |                           |     |     |       |     |                        |   |     |     |      |     |                                   |  |     |                     |        |     |                                       |   |              |     |     |     |   |  |     |     |     |     |   |   |                     |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |           |

|                     |                   |                                   |                  |
|---------------------|-------------------|-----------------------------------|------------------|
| <b>SUBMITTED BY</b> |                   | <b>Complete (if applicable)</b>   |                  |
| Name (Print/Type)   | Aaron R. Ettelman | Registration No. (Attorney/Agent) | 42,516           |
| Signature           |                   | Telephone                         | (215) 628-1413   |
|                     |                   | Date                              | November 3, 2003 |